



Miami-Dade Office of Emergency Management
9300 NW 41 Street, Miami, FL 33178
Phone: 305-468-5400 Fax: 305-468-5401

Request for Information on Emergency Evacuation Assistance Registry

Date: _____

Agency: _____

Person requesting information: _____

Title: _____

Phone: _____ Fax: _____

Mailing Address: _____

City: _____ Zipcode: _____

I understand that the information I am requesting is confidential and I may not release this information to any other party. I am requesting this information to assist the Office of Emergency Management and the people whom my agency/municipality works with that will require evacuation assistance.

Signature: _____

Date: _____

I am requesting information on:

☐ People who are registered under this agency name: _____

☐ People who live in the following zip codes: _____

☐ People who live in the following municipality: _____

☐ People who live at the following addresses: _____

☐ Other: _____

Approved by: _____

Director
Miami-Dade Office of Emergency Management

Date